

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	gml		2/1/00
O.I.P.E. CLASSIFIER		71531	4-18-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	A
2	✓	✓	A
3	✓	✓	O
4	✓	✓	A
5	✓	✓	A
6	✓	✓	A
7	✓	✓	A
8	✓	✓	A
9	✓	✓	A
10	✓	✓	A
11	✓	✓	A
12	✓	✓	A
13	✓	✓	A
14	✓	✓	A
15	✓	✓	O
16	✓	✓	A
17	✓	✓	A
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If more than 150 claims or 10 actions  
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